



State of New Hampshire

2016 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/18/2016
Business ID: 695456
William M. Gardner
Secretary of State

Twin State Property Maintenance & Development LLC

142 Moreways Park

Charlestown, NH 03603

ADDRESS OF PRINCIPAL OFFICE:

142 Moreways Park

Charlestown, NH 03603

REGISTERED AGENT AND OFFICE:

Sargent, Frank, Jr.

142 Moreways Park

Charlestown, NH 03603

ENTITY TYPE: LLC

BUSINESS ID: 695456

STATE OF DOMICILE: NEW HAMPSHIRE

General contracting construction

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Lucelle Harrington
STREET 93 Garden Way
CITY/STATE/ZIP Acuteley VT 05030
NAME Frank Sargent Jr
STREET 142 Moreways Pk
CITY/STATE/ZIP Charlestown NH 03603
NAME Thomas Harrington
STREET PO Box 52
CITY/STATE/ZIP Windsor VT 05089
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME Lucelle Harrington
STREET 93 Garden Way
CITY/STATE/ZIP Acuteley VT 05030
NAME Frank Sargent Jr
STREET 142 Moreways Pk
CITY/STATE/ZIP Charlestown NH 03603
NAME Thomas Harrington
STREET PO Box 52
CITY/STATE/ZIP Windsor VT 05089
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

frankies1968@gmail.com

State of New Hampshire
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM
PUBLIC DOCUMENT
REQUIRED INFORMATION



T1604945031

WILL BECOME A
PUBLIC DISCLOSURE
IF NOT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301

OK
ASJ